

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_ No. 1030 Adams Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child William Maxwell Webb (If child is not yet named, make supplemental report, as directed)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth March 25 1926  
Month Day Year

8. FATHER  
Full name Harmon Maxwell Webb

9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Tallahassee  
(State or country) Florida

13. Occupation Printer  
Nature of industry

14. MOTHER  
Full maiden name Olga Victoria Burkland

15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 35 (Years)

18. Birthplace (city or place) New York City  
(State or country)

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 5:45 P m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature J. J. Miller (Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_ Filed May 28 19 26 Local Registrar.

Registrar

Filed \_\_\_\_\_, 19 \_\_\_\_\_

County Registrar.

662-375-624